



#### For the trainer:

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# **Trauma-Informed Supervision**

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# What factors contribute to a person's satisfaction with their work?



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### Trauma-Informed Primary Care:





#### **Workforce Wants**

- Reasonable compensation
- Ability to do excellent work
- Professional and personal balance
- Healthy relationships
- Chance to grow
- Sense of meaning

Fabulous Rock Star Bosses



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### Trauma-Informed Primary Care: Fostering Resilience and Recovery





### **Supervisors are the Catalyst**

- "Walk the Walk" as a way to "Teach the Talk"
- Power of Influence
- Visibility
- Teaching Opportunity



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# Trauma-Informed Primary Care:



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Leadership is not about titles, positions or flowcharts. It is about one life influencing another. John C. Maxwell

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#### **Supervision: Why Is It Important?**

- The work demands support
- Mitigates risk of burn out and vicarious trauma
- Enhances the commitment of staff to the organization and the work
- Strengthens the competency of both supervisor and supervisee



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### **Supervision Aligns with Principles and Practices of TIC**

- **Growth:** Mutual professional development process designed to reinforce and enhance the skills and knowledge of both parties
- Safety: Drives out fear and drives in trust
- **Respect:** Language, tone and body language demonstrates value for each person's integrity and worth
- Control: Relationship recognizes different levels of responsibility without exertion of dominance and power
- Transparency: Interactions are honest without hidden agendas
- **Support:** Recognition that all individuals working in human services are at risk for emotional exhaustion, depersonalization and lack of accomplishment and meaning

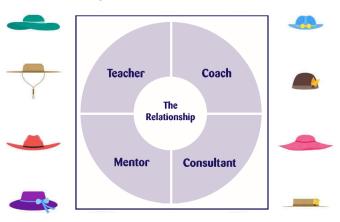
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#### **Your Vital Role: Many Hats**



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#### With a table partner discuss the following:

- Pick two roles of a supervisor listed on the last slide, define each role.
- 2. Can or do you move fluidly between different roles?
- 3. What are the barriers to doing so at your setting?
- 4. Why might finding a balance between the roles be essential for supervising work with patients that may have experienced trauma?
- 5. What does the term "developing a colleague through supervision" mean to you?

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#### **What Supervisors Need to Know**

- Beyond Management: Understanding the
   Integrated role of modern supervision
  - How supervisors support organizational change?
  - The impact of change on the workforce?
- Understanding the principles and practices of trauma-informed care adds value to the supervisory process
- Process of burnout in staff AND leadership
- Secondary and vicarious trauma matters
- Promote job commitment and satisfaction
- Role of supervisors as mentors and coaches
- What effective supervisors do

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Traditional,
ManagementFocused Supervision



#### **Modern Supervision**



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# **Modern Supervision: Integrating Leadership and Management**

#### Leadership functions

- · Coping with change
- Adapting to shifting conditions, expectations and environments
- Anticipating changes
- · Initiating changes

#### **Management Functions**

- Coping with complexity
- Order and consistency
- · Procedures and policies
- Staffing (roles and responsibilities)
- Documentation
- Fiscal viability
- Risk management

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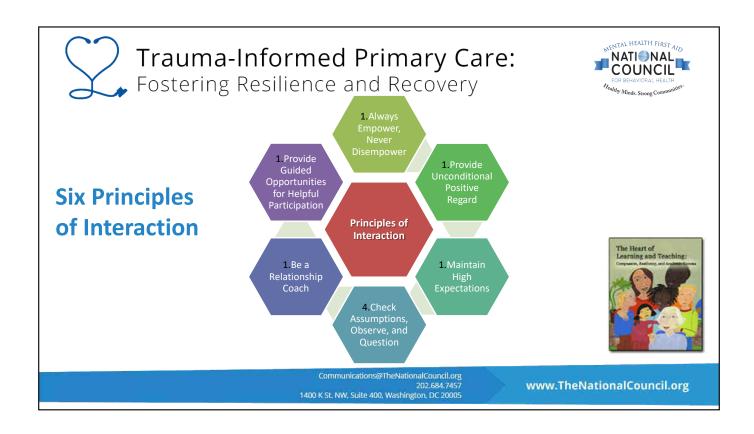


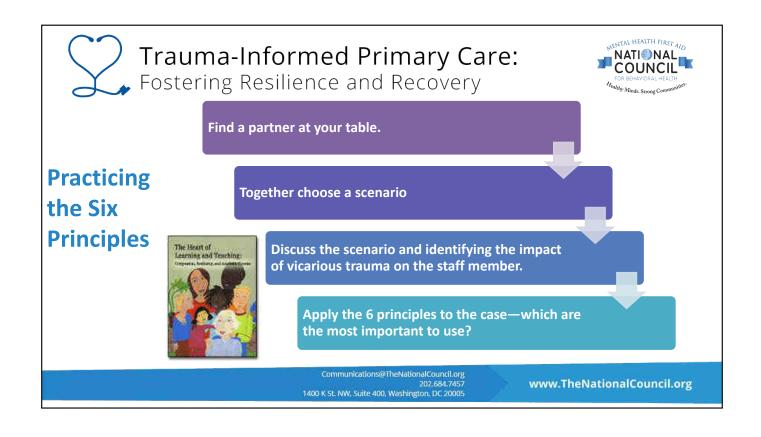
#### **TIC: Basic Assumptions**

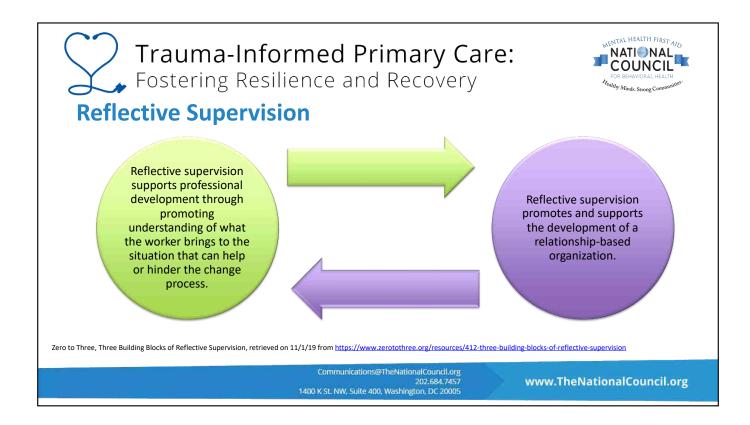
- 1. Symptoms are adaptations.
- 2. Trauma shapes the survivor's basic beliefs about identity, world view, and spirituality or meaning-making.
- 3. Using a trauma framework, the effects of trauma can be addressed within mental health (and substance use) treatment systems.
- 4. When worker and client share a trauma perspective, they can collaborate.
- 5. Workers need support from one another, including respect, information, connection, and hope.
- 6. Working with survivor clients affects the person of the helper, too.

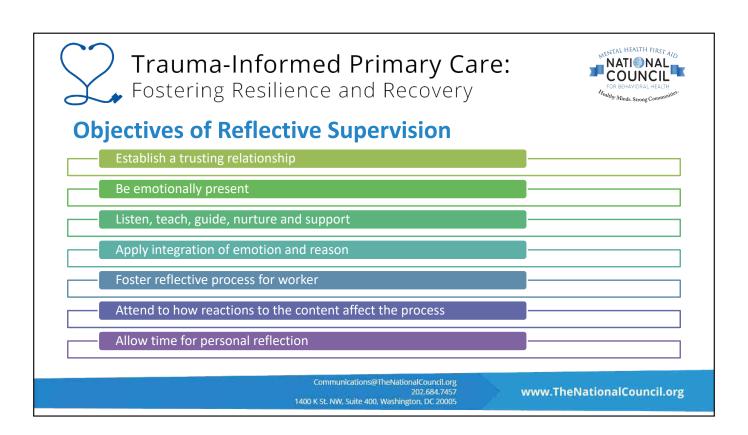
-Saakvitne, et al., 2000

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### **Building Blocks of Reflective Supervision**







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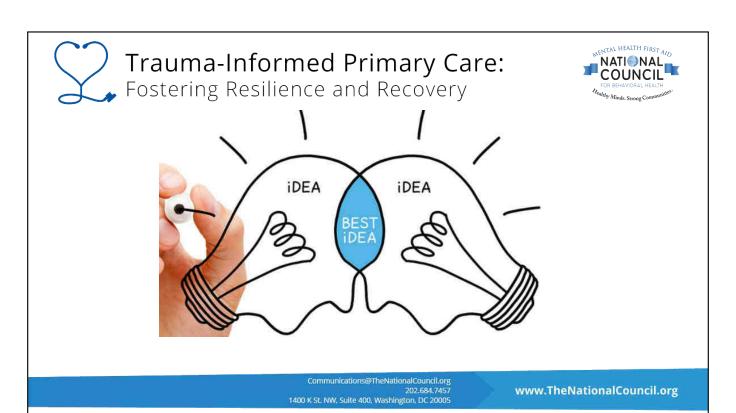
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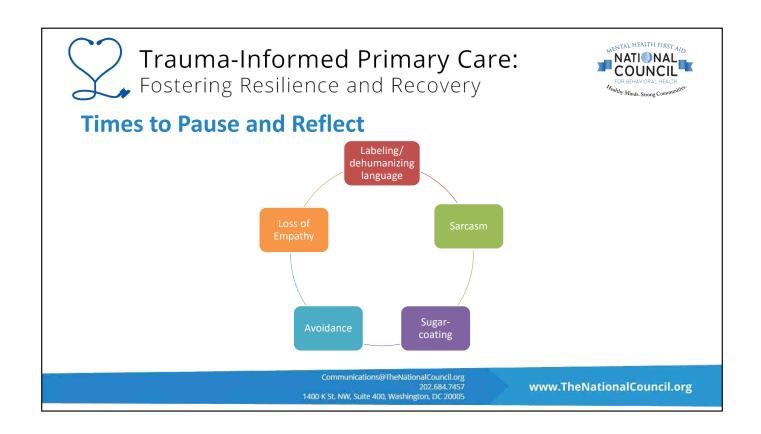


We do not learn from experience... we learn from reflecting on experience.

- John Dewey

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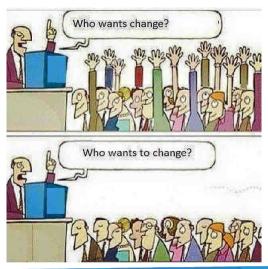












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### Trauma-Informed Primary Care:

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### **Creating a Strengths-Based Environment**

Parallel the principles of recovery-oriented systems and trauma-informed care in supervision.

Shift the focus away from a deficit-based view of clients and staff

Encourage the individual to identify personal strengths and skills

When confronted with challenges in practice, solicit individual's ideas about how he/she may have done things differently.

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#### **Clear & High Expectations**

- Expect quality
  - Define it
  - Talk about it
  - Recognize and praise it
  - Encourage it
- · Build it from strengths
- · Assume people want to grow, even if they don't know how
- · Expect lots of mistakes and learn from them

What gets in the way of clear and high expectations?



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#### **Day-to-Day Expectations**

- Support staff right away, from the beginning
- Carefully manage workloads
- Help them manage time, calendars, schedule, deadlines
- · Help them prioritize
- Nurture healthy work life and personal balance.
- Policy and Procedures
- Structure



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Most people won't really listen or pay attention to your point of view until they become convinced that you've heard and appreciated theirs.

-M Nichols

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#### Who Would You Rather Work With?



- Oppositional
- Argumentative
- Disengaged
- Passive
- Powerless
- Unable to change

- Open
- Cooperative
- Listening
- Engaged
- Active
- Empowered
- Hopeful



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What is Your View?



Deficit	Competence
☐ Insight & knowledge is lacking	✓ Capacity to change is within
☐ Telling	✓ Asking and listening

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"Affirmations are our mental vitamins, providing the supplementary positive thoughts we need to balance the barrage of negative events and thoughts we experience daily."

—Tia Walker



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#### **Attributes of Successful Changers**

**Patient** Accepting Determined Persistent Adaptable Eager Reasonable Alert Faithful Reliable **Ambitious** Flexible Steady Assertive Focused Strong Forgiving Brave Thorough Hopeful Careful **Trusting** Ingenious Committed Truthful Mature Considerate Willing Open



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Creative

## Trauma-Informed Primary Care:

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### **Strengths-Based Questions to Prompt Change**

- What would need to happen for you to want to make this change? (Desire)
- · How would you approach it? (Ability)
- What are the three best reasons for you? (Reason)
- What's most important to you? (Need)
- What could you do differently? (Commitment)
- What might be your next step? (Action)



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"Yeah, but..."



Reflect back both sides of the ambivalence

Some days it's hard to do this work, and you want to do all you can to support your clients in their recovery.

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# Trauma-Informed Primary Care: Fostering Positions and Posovery





#### **Collaboration and Mutuality**

There is true partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators. There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach.



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#### **Balint Groups**

- Often used in the medical profession to review cases but can be used in clinical group supervision
- 6 12 clinicians or staff members meet to "review" cases.
  - Allow them to create their own solutions
- Helps curb some of the negative effects of caregiving by normalizing the feelings of the caregiver and helping them understand what is happening to the caregiver to evoke the feelings.



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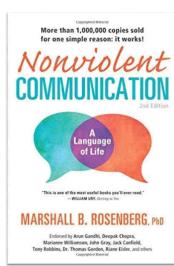
### Trauma-Informed Primary Care:

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#### **Non-violent Communication**

- Purpose:
  - Create human connections that empower compassionate giving and receiving
  - Create governmental and corporate structures that support compassionate giving and receiving
- Skills:
  - Observation vs. evaluation
  - Feeling vs. thinking
  - Connecting
  - Requesting



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### **Non-violent Communication (NVC) Overview**

- Conflicts arise from miscommunication over our human needs
  - Use of coercive or manipulative language that aims to induce fear, guilt, shame, etc.
- These "violent" modes of communication, when used during a conflict, divert the attention of the participants away from clarifying their needs, their feelings, their perceptions, and their requests, thus perpetuating the conflict.

-From the work of Marshall Rosenberg, Ph.D.



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#### **NVC Assumptions**

All human beings share the same needs

Our world offers sufficient resources for meeting everyone's basic

All actions are attempts to meet needs

Feelings point to needs being met or unmet

All human beings have the capacity for compassion

Human beings enjoy giving

Human beings mee needs through interdependent relationships

Human beings change

Choice is internal

The most direct path to peace is through self-connection

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## The NVC Model



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#### **Outline of the Model**

When I see thatI feel	
because my need for	is/is not met.
Would you be willing to	?

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#### **Conflict**

Success depends on your ability to distinguish observations from judgments





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#### **The Motivational Interview Sandwich**

#### 1. Elicit

Would you like to hear more about ...? What do you know about...?

#### 2. Advise

That's partially correct...In addition...

#### 3. Elicit

What do you think?

How, if at all, has this impacted your thinking?



https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing

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#### Feedback should:

- •Enhance job performance
- •Be about quality care and not personal attacks
- Lead to ongoing personal and professional development
- Reduce stress
- Help improve interpersonal relationships
- Develop a healthy organizational climate

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# Trauma-Informed Primary Care: Fostoring Positions and Posovery

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#### **Power of Positive Reinforcement**

- 1. Reinforce specific behavior
- 2. Use immediate reinforcement
- 3. Reward small, incremental achievements
- 4. Use intermittent reinforcement



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### **Types of Rewards**

- Verbal Praise
- Written Praise
- Symbolic Rewards
- Other Ideas?











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## Trauma-Informed Primary Care:

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#### **Paired Discussion**



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